

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13942

State File No.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JAN 30 1952

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Dunklin 0352</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Senath 0350</u>	
c. LENGTH OF STAY (in this place) <u>14 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>307 Cancer St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alfred</u> b. (Middle) <u>Douglas</u> c. (Last) <u>Montgomery</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-28-51</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Widowed</u>	8. DATE OF BIRTH <u>11-6-1870</u>
9. AGE (In years Last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>22</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Lin Operator</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>operator of Cotton Lin</u>	11. BIRTHPLACE (State or foreign country) <u>So. Carolina - USA</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Thomas Montgomery</u>	13b. MOTHER'S MAIDEN NAME <u>Emma - Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>495-14-3602</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Douglas Montgomery Senath, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of lungs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>163x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>12-27-51</u> , to <u>12-28-51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>12-28</u> , 19 <u>51</u> , and that death occurred at <u>5:30 Am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>L. C. Wilson, M.D.</u> (Degree or title)		23b. ADDRESS <u>Kennett, Mo.</u>	23c. DATE SIGNED <u>1-15-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/30/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Senath</u>	24d. LOCATION (City, town, or county) (State) <u>Senath, Mo.</u>
DATE REC'D BY LOCAL REG. <u>1-22-52</u>	REGISTRAR'S SIGNATURE <u>Carl Hubbard</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Howard Funeral Service</u>	ADDRESS <u>Senath, Mo.</u>

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 1-24-52

COUNTY FILE NUMBER 152-28

10-1-1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Edwin L. Amon

Signed.....
Student Embalmer.....

Licensed Embalmer No. 4840

P. O. Address. Senath, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.